

Terros Health, Inc.

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** Terros Health is an integrated health care provider and considers your individually identifiable medical, behavioral health, and substance use disorder information as a single record, called your “health record.” “You” or “your” collectively refers to the patient who is the subject of the health record or the patient’s personal representative. A personal representative is a natural person who has the legal authority to make health care decisions for a patient. “We,” “us,” “our” and “Terros Health” refers to Terros Health, Inc.

How We May Use and Disclosure Your Health Record.

What laws apply to how we use and disclose your health record? Federal, state and local privacy laws govern how we may share your health record. HIPAA is a federal privacy law that protects certain individually identifiable health information called protected health information (see 45 C.F.R. Parts 160 and 164).

Additionally, information that identifies a person as having (or having had) a substance use disorder and that originates from a federally-assisted substance use disorder treatment provider (called a “Part 2 program”) is specially protected by a federal law and regulations that are more restrictive (protective) than HIPAA. That federal law is located at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2 (collectively, called “Part 2”). We generally apply the most restrictive legal requirements to your entire health record because different laws apply to different types of health information in your health record and it is not feasible for us to separate health information that is subject to more restrictive legal requirements from the less restrictive legal requirements. Because Terros Health operates Part 2 programs, we generally follow Part 2’s more restrictive privacy protections.

How we may use your health record. Under HIPAA and Part 2, We may use and disclose your health record with your written permission or as permitted or required by the laws that apply to us. We typically use or share your health information in the following ways:

- **For Treatment.** We may use information from your health record to treat you. *Example: A Terros Health medication assisted treatment (MAT) provider may share your health information with a Terros Health counselor if your counselor needs to know about your MAT treatment to better coordinate your care at Terros Health.*
- **For Payment.** We may use information from your health record for payment purposes. *Example: Workforce members from our billing department may access and use your contact information to contact you about a bill for services.*
- **For Health Care Operations, including Audits and Evaluations.** We may use information from your

health record to run our practice, improve your care, and contact you when necessary. *Example: We may use your information to review our treatment and services, to evaluate the performance of our workforce members who may be caring for you, to train our workforce members, and to send you appointment reminders or contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also combine information from your health record with information from other patients to decide what additional services Terros Health should offer and whether certain treatments have been effective.*

- **For Research.** Under certain circumstances, we may use your health record for research purposes, such as comparing the health and recovery of all patients who received one type of treatment to those who received another, for the same condition.
- **For Fundraising Activities.** We may use the information within your health record to contact you in an effort to raise money for the clinic and its operations; however, you have the opportunity to opt out of receiving fundraising communications.
- **For Other Permissible Uses.** We may also internally use your health record in other ways that are permitted or required by the laws that apply to Terros Health. For example, we may need to use information from your health record in connection with a legally permissible disclosure. We describe how we may disclose your health information in greater detail below.

How we may disclose your health information.

We generally follow Part 2’s more restrictive privacy protections for sharing your health information because we cannot feasibly separate health information protected by Part 2 from the rest of the information in your health record. Because we operate Part 2 programs, we cannot say whether you are receiving services from our programs if doing so would reveal that you have (or had) a substance use disorder. Under Part 2, we also cannot share information identifying you as having (or having had) a substance use disorder unless:

- You consent to the disclosure in writing;
- The disclosure is allowed by court order;

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- The disclosure is to medical personnel;
- In a medical emergency where your prior consent cannot be obtained;
- Of the Food and Drug Administration (FDA) for product recalls; or
- When a temporary state of emergency is declared as the result of a natural or major disaster (like a wildfire or hurricane) and the Part 2 program is closed and cannot provide services or obtain your prior consent due to the emergency;
- The disclosure is to bill and get payment from your health plan or other entities where the Part 2 program director consents for you because your condition prevents you from doing so;
- The disclosure is to contractors providing services to the Part 2 program and who agree to follow the privacy protections for substance use disorder information;
- The disclosure is to administrative organization(s) that directly control the Part 2 program;
- The disclosure is to qualified personnel for research, audit or program evaluation purposes;
- The disclosure is for cause of death reporting or investigations permitted by state law; or
- The disclosure is for another purpose permitted by Part 2.

Please note that Part 2 does not protect any information about:

- A crime threatened or committed by a patient on the premises of the Part 2 program or against Part 2 program personnel.
- Suspected child abuse or neglect that state law requires or allows to be reported to appropriate state or local authorities.

If Part 2 does not apply to your health information and we are able to separate that health information from the rest of your health record (or if one of the Part 2 disclosure exceptions described above overlaps with a HIPAA exception), we may share that health information under HIPAA without your written permission as follows:

- **For Treatment, Payment and Health Care Operations.** We disclose information from your health record to people outside of Terros Health for our own treatment, payment and health care operation purposes. We may also disclose such information for the treatment and payment activities of other health care providers or other HIPAA covered entities, such as your health plan. We may further disclose such information for another HIPAA covered entity's limited health care operations activities or for purposes of health care fraud and abuse detection or compliance, if they have (or had) a relationship with you and the

information requested pertains to that relationship. *Example: We may share information about your treatment to collect payment from your health plan, to work with your health plan on developing more effective treatments and identifying gaps in your care, and to coordinate your care with your other providers and social service agencies.*

- **Facility Directory.** Unless you object, we may include information about you in our facility directory and we may share this information with people who ask for you by name or as otherwise permitted by law;
- **With Individuals Involved in Your Care or Payment for Your Care and Disaster Situations.** Unless you object, we may share information about you from your health record to a friend, family member or other person who is involved in your care or payment for that care. We may also share information about you from your health record to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location;
- **For Research.** In some circumstances, we may share your health record for research. All research projects are subject to a special approval process to balance the research needs with a patient's need for privacy;
- **As Required by Law.** We will disclose health information about you when required to do so by federal, state or local law; and
- **To Avert a Serious Threat to Health or Safety.** We may share your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat, such as in the case of a health care emergency.

If Part 2 does not apply to your health information and we are able to separate that health information from the rest of the information in your health record (or if one of the Part 2 disclosure exceptions described above overlaps with a HIPAA exception), we may be allowed or required to share your information in other ways under HIPAA. ***But we have to meet many conditions in the law before we share your information for these purposes.*** If Part 2 applies, we may not be allowed to share information from your health record in these ways unless we get your written consent. Specifically, we may disclose your health information:

- With organ procurement organizations;
- For public health and safety issues, such as preventing or controlling disease, injury or disability; helping with product recalls; reporting adverse reactions to medications; reporting births and deaths; reporting suspected abuse, neglect, or domestic violence; and

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reporting exploitation of vulnerable or incapacitated adults;

- With a coroner, medical examiner or funeral director when an individual dies;
- To address workers' compensation, law enforcement, and other government requests, such as for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, intelligence and counterintelligence, special investigations, and protective services for the President, other authorized persons or foreign heads of state;
- For decisions about your suitability for security clearance;
- Respond to lawsuits and legal actions;
- In response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful legal or judicial process; and
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share health information about you with them under certain circumstances.

Uses and disclosures that require written permission. Under HIPAA and Part 2, we never disclose your health record unless you give us written permission in the following cases:

- For marketing purposes;
- For the sale of protected health information; and
- Most sharing of psychotherapy notes (that is, your mental health professional's impressions from your individual or group therapy sessions that are kept separate from the rest of your health record), except as permitted or required by law.

Health information with additional protections. Certain types of health information may have additional protection under federal, state or local law. In those cases, we will follow the more restrictive (protective) requirements. Please also note that due to technical and administrative limitations, it may not be feasible for us to segment health information that is subject to the more restrictive legal requirements from the less restrictive legal requirements.

Other uses and disclosures of your health information. Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Terros Health with permission

to use or disclose health information about you, you may revoke that permission, in writing, at any time.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your health record. You can ask to see and copy your health information we maintain about you in a designated record set. This includes your health record but *not*: (1) Psychotherapy notes that are kept separate from your health record; or (2) Information we may compile in reasonable anticipation of, or for use in, a legal proceeding. To exercise this right, you must submit your request in writing to the HIMS Director, at the contact information listed on the last page of this notice. If permitted by the laws that apply to us, we may charge a fee for the costs of copying, mailing, or other supplies and/or services associated with your request. We may deny your access request in certain circumstances. In some circumstances, you may be eligible to seek further review of such a denial.
- Ask us to correct your health record. You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing and submitted to the HIMS director and must provide a reason that supports your request. We may deny your request, but we'll tell you why in writing within 60 days.
- Request confidential communications. You can ask us to contact you about health care matters in a specific way (for example, only at work or by mail). You must make your request in writing to the HIMS Director. We will not ask you the reason for your request and we will say "yes" to all reasonable requests. Your request must specify how or where you wish to be contacted.
- Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. ***We are not required to agree to your request, and we may say "no" if it would affect your care.*** If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes," unless a law requires us to share that information. You must make your request in writing to the HIMS Director and must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.
- Get a list of those with whom we've shared information. You can ask for a list (accounting) of

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disclosures of your health information when your health information is disclosed for certain purposes. You must submit your request to the HIMS Director. The request must state a time period for your request (which may not be longer than six (6) years) and indicate in what form you want the list (for example, on paper or electronically). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. We will notify you prior to charging you and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may obtain a copy of this notice by contacting the HIMS Director. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated. You can complain if you feel we have violated your rights by contacting the HIMS Director at the contact information listed on the last page of this notice. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) at:

- Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
Website: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

A violation of Part 2 by a Part 2 program is a crime. Suspected violations may be reported to the United States Attorney at:

- The United States Attorney's Office District of Arizona
Two Renaissance Square
40 N. Central Avenue, Suite 1800
Phoenix, AZ 85004-4449
Phone: (602) 514-7500

If the Part 2 violation involves an opioid treatment program, the Part 2 violation may also be reported to:

- SAMHSA Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857
Phone: 240-276-1660
Email: csat@samhsa.hhs.gov

You will not be penalized for filing a complaint. We maintain strict guidance with all our workforce members to ensure that we will not retaliate against you for filing a complaint.

Our Responsibilities. We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you and any information we receive in the future. We will post a current copy of this notice at each of our physical locations and on our web site. This notice will contain, at the top right-hand corner, the effective date. Each time you register at or are admitted to Terros Health for treatment or health care services, we will offer you a copy of the current notice in effect. We will abide by the terms of the notice currently in effect.

Questions About this Notice

If you have any questions about this notice, please contact either: the Director of the Health Information Management System (HIMS) Department at (602) 389-3585 or the Privacy Officer at (602) 685-6117.

Effective 8/1/02

Reviewed / Revised 10-10-13; 5-20-15; 7-8-16; 11-16-17; TBD 2023